## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

1232-4674

| (Column 1) (Column 2)   |  |   |                                       |                  |                                 | SMALL ENTITY TYPE |       |                     | OR                     | OTHER THAN OR SMALL ENTITY |                     |                        |
|---|--|---|---------------------------------------|------------------|---------------------------------|-------------------|-------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | · · · · · · · · · · · · · · · ·       |                  |                                 |                   |       | RATE                | FEE                    | 1 1                        | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                          |                  | NUMBI                           | R EXTRA           |       | BASIC FEE           | 355.00                 | OR                         | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 85 minus 20=                          |                  | . 65                            |                   |       | X\$ 9=              | 0                      | OR                         | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | / 4 minus 3 =                         |                  | ' //                            |                   |       | X40=                |                        | OR                         | X80=                |                        |
| MU  | LTIPLE DEPENI                                  | DENT CLAIM PI                             | RESENT                                |                  |                                 |                   |       | +135=               |                        | OR                         | +270≒               |                        |
| * If  | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                  |                                 |                   | TOTAL |                     | OR                     | TOTAL                      |                     |                        |
|   | CI   | LAIMS AS A                                | MENDED                                | IENDED - PART II |                                 |                   |       |                     |                        |                            | OTHER THAN          |                        |
| (Column 1)  |  |   |                                       |                  | mn 2)                           | (Column 3)        |       | SMALL E             | ENTITY                 | OR                         | SMALL               | ENTITY                 |
| ENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI     | HEST<br>MBER<br>OUSLY<br>DEOR   | PRESENT<br>EXTRA  |       | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total T  |   | Minus                                 | **               |                                 | =                 | 1     | X\$ 9=              |                        | OR                         | X\$18=              | 為於                     |
|   | Independent                                    | *   | Minus                                 | ***              | T CLAIM                         | =                 |       | X40=                |                        | OR                         | X80=                | •                      |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                  |                                 |                   |       | +135=               |                        | OR                         | +270=               |                        |
|   |  |   |                                       |                  |                                 |                   |       | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|   |  |   | ADDII.1 CC                            |                  | .*                              | ADDIT. 1 E.E.     |       |                     |                        |                            |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUI<br>PREV      | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA  |       | RATE                | ADDI-<br>TIONAL<br>FEE | *                          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **               |                                 | =                 |       | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| ME  | Independent                                    | *   | Minus                                 | ***              |                                 | =                 |       | X40=                |                        | OR                         | X80=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                  |                                 |                   |       |                     |                        |                            |                     |                        |
|   |  |   | ;                                     |                  |                                 |                   |       | +135=               |                        | OR                         | +270=               |                        |
|   |  |   |                                       |                  |                                 |                   |       | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                       |                  |                                 |                   |       |                     |                        |                            |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUI<br>PREV      | HEST<br>MBER<br>YOUSLY<br>D FOR | PRESENT<br>EXTRA  |       | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON   | Total  | *   | Minus                                 | **               |                                 | =                 |       | X\$ 9=              | ·                      | OR                         | X\$18=              | <i>;</i>               |
| AME   | Independent                                    | *   | Minus                                 | ***              | IT OLANA                        |                   | 4     | X40=                |                        | OR                         | X80=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                  |                                 |                   |       | +135=               |                        | OR                         | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                       |                  |                                 |                   |       |                     | OR                     | TOTAL                      |                     |                        |
| **  | 'If the "Highest Nu                            | mber Previously F                         | Paid For" IN TH                       | IS SPACE         | E is less tha                   | an 3, enter "3."  |       | ADDIT. FEE          |                        | ļ                          | ADDIT. FEE          |                        |
|   | The "Highest Nun                               | nber Previously Pa                        | aid For" (Total o                     | r Indepen        | ndent) is the                   | nighest numb      | er to | und in the ap       | propriate bo           | x in co                    | iumn 1.             |                        |